

Executive Summary

The purpose of this study is to document health differences among the major racial and ethnic groups in North Carolina in order to identify areas of disparities that can be targeted for interventions and improvement. Race is considered as a marker of health problems, not as a risk factor or cause. Describing racial and ethnic differences in health allows targeting of resources and culturally appropriate health improvement programs toward populations most in need.

This report presents descriptive statistics by race and ethnicity for whites, African Americans, American Indians, Asians, and Hispanics/Latinos. The following topics are included: population, risk factors among adults, deaths, alcohol involvement in injury deaths, cancer incidence, HIV and sexually transmitted diseases, teen pregnancies, live births, infant deaths, risk factors around the time of pregnancy, birth defects, and youth risk factors. There are some potentially serious problems in the reporting of health data for the smaller minority groups (i.e., American Indians, Asians, and Hispanics/Latinos); health events for these groups are likely to be underreported and the population data used for the denominators of rates may be inaccurate.

The results of this study show generally poorer health among African Americans and American Indians in North Carolina, compared to whites, across a variety of measures. For American Indians, however, there is concern about the accuracy of the reporting of race on health records, so that the published statistics may substantially underestimate the level of health problems among American Indians. This underreporting is also likely an issue for Hispanic/Latino ethnicity. The measures of health problems for Hispanics/Latinos are generally lower than those for whites, especially for chronic diseases. The very young age of the Hispanic/Latino population in North Carolina, the “healthy migrant effect,” and other factors may contribute to low rates for many of the causes of death and for other health problems in this group.

Figures 1, 2, and 3 show areas where there are large disparities in the health indicators for African Americans, American Indians, and Hispanics/

Latinos, compared to whites. These charts summarize the data presented in the tables of the main report. The ratio of the measure for the minority group to the measure for whites is shown in these figures if it is greater than 1.5. African Americans exhibit a large number of substantial health disparities (Figure 1). American Indians have elevated rates for a variety of health indicators (Figure 2). Hispanics/Latinos have substantially higher rates for 17 of the measures presented in this report (Figure 3). Health measures for Asians in North Carolina are much better than those for whites in almost every case. Exceptions are that Asians have a higher percentage of adults who reported that they never had their blood cholesterol checked (ratio = 2.6, from Table 2), and a higher percentage where the mother reported that she did not start prenatal care during the first trimester (ratio = 1.7, from Table 9).

The results presented in this report emphasize areas where minority groups have worse health problems than whites. Notable areas where minority groups are better off than whites in North Carolina are:

- smoking is lower among African Americans – in the general population of adults and particularly during pregnancy
- a lower percentage of African American adults report that they did not visit a doctor for a routine checkup in the past two years
- chronic lung disease and suicide death rates are lower among African Americans
- African American babies have a lower rate of orofacial cleft birth defects
- African American high school students are much less likely to report that they smoked or drank alcohol
- the suicide death rate and most cancer rates are lower for American Indians (though this could be partly due to misclassification of race on the death and cancer incidence records)
- the percentages for smoking during pregnancy and for low birth weight are lower among Hispanics/Latinos
- the infant mortality rate is lower among Hispanic/Latino births.